



The “We Act – together for health study”: design of a multicomponent intervention study to promote physical activity, healthy diet and wellbeing in school among children aged 10-12 years

Sabinsky, Marianne; Høstgaard Bonde, Ane; Stjernqvist, Nanna Wurr; Terkildsen Maindal, Helle; Tetens, Inge

Publication date:
2016

Document Version
Publisher's PDF, also known as Version of record

[Link back to DTU Orbit](#)

Citation (APA):
Sabinsky, M., Høstgaard Bonde, A., Stjernqvist, N. W., Terkildsen Maindal, H., & Tetens, I. (2016). *The “We Act – together for health study”: design of a multicomponent intervention study to promote physical activity, healthy diet and wellbeing in school among children aged 10-12 years*. Abstract from Folkesundhedsdage 2016, Nyborg , Denmark.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

The “We Act – together for health study”: design of a multicomponent intervention study to promote physical activity, healthy diet and wellbeing in school among children aged 10-12 years

Marianne Sabinsky¹, Ane Høstgaard Bonde², Nanna Wurr Stjernquist^{1,2}, Helle Terkildsen Maindal^{2,3}, Inge Tetens¹.

¹ Technical University of Denmark, National Food Institute, Division of Nutrition and Risk Assessment, Mørkhøj, Denmark

² Steno Diabetes Center, Health Promotion Research, Gentofte, Denmark

³ Aarhus University, Department of Public health, Denmark

Abstract

Background: Strategies to improve health behavior and wellbeing of Danish children are needed. A multicomponent intervention “WeAct – together for health” was developed to improve the dietary habits, physical activity and wellbeing among school children aged 10-12 years by increasing their health competences and promoting a healthy school environment. This paper describes the development and evaluation of the intervention guided by theory and adjustment to real life setting.

Methods: The intervention builds upon the health promoting school approach and the IVAC model. The settings are the school and the family. Three educational components targeted the school: 1) Lunch meal habits integrated into science and Danish (“IEAT”) and physical activity integrated into maths (“IMOVE”), 2) Vision workshop integrated primarily into Danish, and 3) the Action and Change process at class and school level. Teachers participated in a course to develop competencies regarding the holistic health concept, active involvement of school children and the IVAC approach. Components developed for parental support included a homepage, an APP, a Facebook-group and a handout produced by their child. A quasi-experimental study design with 4 intervention schools and 4 matched control schools was conducted. In total 658 school children participated. The baseline data were collected in October/November 2015 and the follow-up in May/June 2016 with the intervention in between the measurements. The quality of dietary intake during the school day was measured using a digital photographic method, physical activity was registered by pedometers and an electronic questionnaire was used to assess wellbeing among the pupils. A process evaluation was done.

1
2 **Results and conclusion:** The recruitment of schools for the full health promoting school
3 process was demanding due to the context of the school reform and the present pressure on
4 schools. In total 27 municipalities and 256 schools were contacted. A moderation of the
5 theory based intervention, reducing the school level, was done to recruit the necessary number
6 of schools. The result of theory and real life setting has been an intervention focusing on
7 health education but in a health promoting perspective.
8
9
10
11